2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90257 009 ****61.25

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1. Entity Name
BUENA VIDA MASTER ASSOCIATION, INC.

14009692

Principal Place of Business	Mailing Address
4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073-3450	4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073-3450

04222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1108497
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MINTO COMMUNITIES, INC.
ATTN: MICHAEL GREENBERG
4400 W SAMPLE RD, STE 200
COCONUT CREEK, FL 33073-3450

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEER, T.R.
STREET ADDRESS	4400 W SAMPLE RD, STE 200
CITY-ST-ZIP	COCONUT CREEK, FL 330733450
TITLE	VD
NAME	CLEMENT, GARY
STREET ADDRESS	4400 W SAMPLE RD, STE 200
CITY-ST-ZIP	COCONUT CREEK, FL 330733450
TITLE	STD
NAME	RODGERS, FRANK
STREET ADDRESS	4400 W SAMPLE RD, STE 200
CITY-ST-ZIP	COCONUT CREEK, FL 330733450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Rodgers FRANK RODGERS April 22, 2005 (954) 973.4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #